UNITED STATES HOUSE OF REF	REPRESENTATIVES	FORM B For New Members, Candidates, and	FORM B Candidates, and New Employees	MOV - 2 2018.	)[8] Page 1 of 5
Name: (heisting M.	HACIAN	Daytime Telephone	one	OTIC NO 6- AON 81	Sautos Source PH 2: Lo
New Member of or Candidate for U.S. House of Representatives Candidates – Date of Election:	for State:  District:	2016 1 6	Check if Amendment	U.S. HOLLING OF ONLY) WES	SECONDIVES (L
STATUS  New Officer or Employee  Employing Office:		Staff Filer Type (If Applicable): Shared Principal Assistant	Period Covered: January 1,	A \$200 penaity shall be assessed against any individual who files more than 30 days late.	assessed against any are than 30 days late.
PRELIMINARY INFORMATION – ANSWER <u>EACH</u> OF THESE QUESTIONS	- ANSWER <u>EACH</u> O	F THESE QUESTI	IONS		
A. Did you, your spouse, or your dependent child:     a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or     b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	d: nore than \$1,000 at the Yes	No D	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?		Yes No V
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	e (e.g., salaries, or more during the Yes	No	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?		Yes No
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	d have any reportable Yes	No	Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	from a	Yes No
THIS FO	ATTACH THE CORRESPONDING SCHEDULE IF YO	RESPONDING SCHI	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	S"  COMPLETE	
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS	ENDENT, OR TRUST	INFORMATION -	- ANSWER <u>BOTH</u> OF THES	E QUESTIONS	٠
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" from this report details of such a trust that benefits you, your spouse, or dependent child?	usts" approved by the Committe	e on Ethics and certain othe ent child?	er "excepted trusts" need not be disclosed. Have you excluded		Yes No V
EXEMPTION - Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	ort any other assets, "unearned ve first consulted with the Comr	l' income, or liabilities of a s nittee on Ethics.	spouse or dependent child because they me		Yes No W

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## SCHEDULE A - ASSETS & "UNEARNED INCOME"

Page 2 of 5

Name: Christina M. HAGAN

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		Public C	S 35MI	_	Examples: Sim	Me	For bank and other cash accounts, if the all interest-bearing accounts. If the \$5,000, list every financial inetitution more than \$1,000 in interest-bearing of \$5,000, list every financial intellution more than \$1,000 in interest-bearing of For rental and other real property held provide a complete address or determined a complete address or determined and other sealing of the state. For an ownership interest in a physalet that is not publicly traded, state the business, the nature of its actly geographic location in Block A.  Exclude: Your personal residence, informes and vacation homes (unless thincome during the reporting period); an interest in, or income derived fir formes and privately-traded fund that interest in, or income during the Truth of Your have a privately-traded fund that investment Fund, please check the "Eff you so choose, you may indicate the fire of the properties of the line of Schedule. Please refer to the instruction booklet.	all IRAs and oth (k) plans) provide to account that excee	(do not use only ticker symbols).	identify (a) each ass production of income a succeding \$1,000 at the succeding \$1,000 at the and (b) and the report which generated more income during the year.	Assets and/o	
		SACIONAL PROPERTY.	AVIN 65	ABC Hedge Fund	Simon & Schuster	Mega Corp Stock	For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts. For rental and other real property held for investment, provide a complete address or description, e.g., tental property, and a city and state.  For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.  Exclude: Your personal residence, including second formes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income denied from, a federal retirement program, including the Thrift Savings Plan. If you have a privately-traded fund that is an Excepted Investment Fund, please check the "EIF" box.  If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left.  For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	(do not use only ticker symbols).	identify (a) each asset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income which generated more than \$200 in 'unearned' income during the year.	Assets and/or Income Sources	product.
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	-	<b>×</b>		ļ	<b>a</b>		\$15,001-\$50-000		child in which you have no interest	Indicate value of asset at use a valuation method c specify the method used of it an asset was sold diff an asset was sold difficulted only because it be "None."	_	
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					+		\$1,000,001-\$5,000,000 —	1	chairs in a for assets from by your spouss of neperiors. child in which you have no interest.	Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please specify the method used.  If an asset was sold during the reporting period and is included only because it generated income, the value should be "None."	\$ <b>6</b>	
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Ц.,							Spouse/DC Asset over \$1,000,000°					
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1	+-	-			-	<u>.                                    </u>	Over \$5,000,000         ⋈           Spouse/DC income over \$1,000,000*         ⋈	1		d'in E cking disclo rated	Amount of Income	
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			×	*	×	×	\$1,001-\$2,500	Dropaling Year		ssets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. Is indicate the category of income by checking the appropriate box below. Dividends, intel gains, even if reinvested, must be disclosed as income for assets held in taxable k "None" if no income was earned or generated.  The property of the prope	ф	
			×	*	×	×	\$1,001-\$2,500	Brooding Your		For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if no income was earned or generated.  "Column XII is for assets held by your spouse or dependent child in which you have no interest.	Ф	

### SCHEDULE C - EARNED INCOME

Name: Cheistink M. HAGAN

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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

**INCOME LIMITS and PROHIBITED INCOME**: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,495. The 2017 limit is \$27,765. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

				UNIQUINITY INCLESSION DINCH	LACION VENTIALE FORMAGINA		State of Ohio	Ontario County Board of Education	Examples: State of Maryland	ABC Trade Association, Baltimore, MD (July 15)	Source (ilicitate date of legelption (ionoralia)	Company of the charles of the charle
				PHOHE ACHORE	CRIP CIVINON	,	Representative S al Mry	Spouse Salary	Salary	Honorarium	ıype	T
				26.316.00	27 277 = 3		<i>oo</i> .Loo 'Ça	N/A	\$20,000	\$0	Current Year to Filing	
				31,123	21 972	(, ' 	W2,84W	W/A	\$76,000	\$500	Preceding Year	Amount

#### SCHEDULE D - LIABILITIES

Name: CHRISTINA M. HAGMN

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exceeded \$10,000. liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting \*Column K is for liabilities held solely by your spouse or dependent child.

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FIAG	23	TZ.	Ce	PAG	Example		-	
FARM CREDIT JERVICE 9/09	NAVIENT	CHEERT LAKES LOAN	GEAT LAKES LOAN	CHEAT LAKES LOAN	First Bank of Wilmington, DE	Creditor		
9/09	9/04	10/10	90108	9/09	5/98	Liability Incurred MO/YR	}	
STUDENT LOAN	SHIDENT LOAN	Student Lown	Stupent land	STUDENT LOAN	Mortgage on Rental Property, Dover, DE	Type of Liability		
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						Over \$50,000,000		
						Over \$1,000,000* (Spouse/DC Liability)	*	

#### SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fratemal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

		Position
		Name of Organization

#### SCHEDULE F - AGREEMENTS

Name: CHEISTINA M. HACHN Page <u>Q</u>

employer. Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former

Date	Parties to Agreement	Terms of Agreement
12/19	12/19 DHIO PUBLIC EMPISYES	TOTAL ACCOUNT VALUE WILLIAMS 1.75
- P		

# SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

G	g	
•	Source (Name and City/State)	Brief Description of Duties
Ехатрю:	Doe Jones & Smith, Hometown, Homestate	Accounting Services
-		